

**Year 2**  
**Direct Support Professional Training**

# **Resource Guide**



**Session #9**

## **Supporting Quality Life Transitions**

**Department of Education  
and the  
Regional Occupational Centers and Programs  
in partnership with the  
Department of Developmental Services**

**2000**

## List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	<b>Supporting Quality Life Transitions</b>	<b>3 hours</b>
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	<b>Total Class Sessions</b>	<b>12</b>
	<b>Total Class Time</b>	<b>35 hours</b>

# Key Words

In this session, the key words are:

- **Activities**
- **Life Quality**
- **Life Stages**
- **Transition**
- **Attachment or Bond**
- **Developmental Delay**
- **Special Health Care Needs**
- **Grief Process**

## Information Brief

# Life Stages and the Role of the Direct Support Professional

## Your Notes

### Life Quality

“... The essence of a high quality life is being able to adopt a lifestyle that satisfies one’s unique wants and needs. In this respect, transition poses a real challenge to all persons because it involves a change in one’s lifestyle. The uncertainty caused by these changes and the loss of familiar routines, relationships and control is often stressful (Quality of Life; Perspectives and Issues).”

**Transitions from one life stage to another naturally occur throughout life.** These stages are stressful for all people and maybe more so for people with developmental disabilities. This Resource Guide provides you with information about:

- different life stages;
- challenges to having a quality life people with developmental disabilities face; and
- ways for DSPs to help people through transition and to support life quality.

## Life Stages

### Introduction

Although the way each person moves through the stages of life is different for each person, these stages can be defined in general terms. Some of these stages are easily defined by age (for example, infancy, childhood, adolescence) while others are defined by important events (for example, the first day of school, graduation from school, moving away from home, getting married, having children). Individuals with and without disabilities pass from childhood to adolescence to adulthood, and finally, into old age and retirement.

**The DSP has an important role to play in providing individuals support during periods of transition. That is, to ensure that individuals maintain and/or improve their quality of life.**

A person may require different kinds of support during different life stages. **The one thing that is common to all life stages is the person's need for meaningful, supportive relationships, family, friends and you, the DSP.** A good example is when a person moves from their family home to a care home. The success of this transition is dependent upon the kind of emotional support a person is given during this time as well as careful planning for individual needs. The following information is presented to help DSPs better understand individual needs throughout the lifespan.



## Your Notes

### Infant

#### *What's typical*

**From birth until a year of age, an infant goes from being completely dependent on others to actively exploring his or her environment.** An infant begins life without being able to hold up his or her head, roll over, or reach for objects to being able to sit, crawl, and stand. Many will take steps or even walk by one year of age. He or she can hold separate objects in each hand, transfer an object from one hand to the other, and reach for and grasp objects on his or her own. A newborn infant is totally dependent on others for feeding, but by one year of age he or she can feed himself with his fingers and is beginning to be able to hold a cup. Meaningful language may be beginning to develop in the form of “mama”, “dada” or other simple words such as “hi” or “bye-bye.” The one year old frequently has his or her own “language” or jabber or is imitating words of others. The infant does have a heavy head, weak neck muscles, soft and rapidly growing brain, and thin skull wall, which make it possible for serious brain injury to occur from shaking. Common things to be aware of in caring for a child from birth to one year are:

1. **NEVER SHAKE A BABY!**
2. NEVER leave an infant alone on a bed, changing table or other high object.



### Your Notes

## Your Notes

3. ALWAYS put crib rails up when stepping or turning away from the infant.
4. Place a baby down to sleep on his or her back or on the side, with the lower arm forward to stop the infant from rolling over.
5. Place a baby on a firm mattress and do not use fluffy blankets or comforters under the baby. Do not let a baby sleep on a waterbed, sheepskin, pillow, or other soft material.
6. Cover electrical outlets with child-proof covers.
7. Make certain that wires and cords from lamps, appliances, etc. are not hanging where a child could easily pull them, causing something to fall.
8. Keep gates in front of steps and stairs.
9. Keep all medicine, household cleaners, and any other toxic substance out of the reach of children, in a locked cabinet.
10. Keep child-proof latches on all drawers and cabinets to prevent an infant, toddler, or small child from opening.
11. Keep all plastic bags away from infants and small children.



12. Keep needles, safety pins, coins, beads, and other small objects away from infants and small children.
13. Never give an infant or young child foods such as popcorn, peanuts, grapes, raw vegetables, marshmallows, hot dogs, or other items which may obstruct a child's airway.
14. Place a hot coffee pot or other hot item in the center of the table. Do not place hot items on a table with a tablecloth, unless the child is supervised.
15. Never leave a child alone in a bathtub, or near other bodies of water, such as a fish pond or swimming pool. A child's small inflatable plastic pool can also be dangerous if the child is not supervised.
16. Use a sunscreen with a SPF of 15 or higher when taking an infant or child outdoors.
17. Always place an infant in a car seat, which has been properly installed. Place infant car seat in back seat.
18. Never leave a child alone near a lighted stove, fireplace, barbeque, burning candle or lamp.

## Your Notes

**Some Things to Think About**  
**Infants and families of infants with developmental disabilities may face many challenges in this first stage of life.** The infant may have special health care needs and most parents become very



involved in making sure that their newborns get the services they need. However, some parents may be so afraid that their baby is not going to live, that they may have difficulty becoming attached to their infant. As time goes on, and parents become aware of missed or delayed milestones, they may feel a profound sense of grief or loss. Feelings often include denial, depression, sadness, guilt, and anger. Parents may experience irritability, loss of appetite, difficulty sleeping, or preoccupation with other activities. In some infants with special health care needs, fear of the child dying is the overwhelming reaction of parents.

### **The Role of the DSP**

While not many infants are placed in a licensed, community care home, it does happen. This is usually an extremely difficult and painful experience for parents. The infant may be so medically challenged that his or her parents feel unable to provide the support needed while, at the same time meeting the needs of the rest of the family.

Parents will often have conflicting feelings about turning over the responsibility of parenting to another person. This can result in considerable stress. For DSPs who support infants, it is important to listen carefully to what parents are saying and to try to accommodate their needs as well as the needs of the infant. DSPs must be patient in developing a relationship with the parents. **The infant's quality of life will be affected by how successfully the DSP supports both the infant and the parents in this transition.**



## **Your Notes**

## Toddler and Preschooler

## Your Notes

### ***What's typical***

**During this period, a child becomes able to move about freely and to communicate verbally with others.** He or she learns to eat and dress himself or herself and to participate with others in play. He or she will also develop toileting skills. Children of this age generally are very active and have a hard time sitting still. They are very energetic and enjoy making noise. Most are shy of strangers and may cling to parents or other adult family members, but gradually adjust to the company of other adults. Right or left-handedness is developed and the child continues to progress in the area of muscle coordination. Many children will participate in toddler groups or daycare, and most will go to preschool. In these situations, they learn to play with other children their own age and “practice” relations with others. In addition to safe-home practices for newborns and infants, the following safe-home practices are important for toddlers and preschoolers:

1. Keep all power and hand tools out of the reach of children.
2. If you have Venetian blinds with cords having loops at the end, cut the loop in order to avoid the child getting his or her neck caught in it.
3. Keep matches out of reach.
4. Always turn the handles of pots and pans towards the back of the stove.
5. Learn which plants are poisonous and keep young children away from them.

6. Be certain children are fastened in carriages and strollers.
7. Never leave a child alone in a carriage, stroller, or shopping cart.
8. Never leave a child alone in the house or a parked car.
9. Children weighing up to 40 lbs. should ride in a car seat. Children 40 to 60 lbs should ride in a booster seat.
10. Never place a child in the front passenger seat with passenger side air bags.
11. Discard old refrigerators, freezers, or stoves or have the doors removed from them.
12. NEVER have firearms (loaded or unloaded) where a child can reach them.

**Some things to think about**

**From age one to age five a great many developmental milestones are expected in the life of the developing child.**

Children begin to walk and talk, and will continue to learn to jump, run, ride tricycles, and speak in full sentences and carry on a conversation long before they enter school. Most generally know the alphabet or may actually read simple words before beginning kindergarten. They learn to dress themselves, play cooperatively, imitate household tasks, and use imaginative play. Young children with developmental disabilities may show an increasing lag behind their peers. Many parents compare their young child's development with that of their older peers. Often this may be a time when a younger

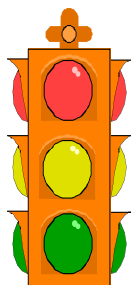
**Your Notes**

sibling is born, who may in time “pass up” the older brother or sister in his or her development.

### **The Role of the DSP**

**The life of the toddler and preschooler with developmental disabilities often includes an array of “professional helpers,” including the Regional Center Service Coordinator.** Often it is difficult to distinguish who all the professionals are and the programs they represent. This frequently seems intrusive to the parent or provider caring for the young toddler or preschooler. It is sometimes easy for misunderstandings to happen if the DSP or the parent loses sight of the fact that the child is everyone’s number one concern.

The process of grief is ongoing, and different people go through this process in different ways. Frequently mothers and fathers will be at different states of the grief process at different times, and often will have difficulty understanding where the other parent is coming from. It is important for the DSP to recognize the differences between adults going through the grief process, and to have understanding and sensitivity for the parents, while continuing to provide the best care and environment for the toddler or preschooler.



## **Your Notes**

## School Age

### ***What's typical***

At age 5, children usually enter kindergarten and begin his or her elementary school education. The first day of school is one of the most memorable events of a young child's life. Along with expanding academics, a child's social relationships broaden, and extra curricular activities such as music, sports, Scouts or other youth organizations become an increasing part of a school-aged child's experiences. Many children will also experience going to camp with their friends and separation from family for a period of time. Team play and skill development are important milestones. Friendships that start in childhood often last into adulthood. Children of this age develop "best friends" and become aware of pleasing others and seeking mutual interests. Being accepted by one's friends becomes increasingly important.

Among school-aged children, motor vehicle accidents are the leading cause of death, followed by pedestrian injuries. A high percentage of non-fatal injuries are due to falls. Considerations for keeping school-aged children safe include:

1. Use seat belts at all times in automobiles. See above section for placement of car seat or booster seat.
2. Use appropriate fitting helmets on all children riding bicycles.
3. Educate children about the dangers of going into the street. Set boundaries. Use door alarms or other devices in homes of children who may not understand and dart into the street.

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4. Always have adult supervision when swimming.
5. Teach the child about appropriate interaction with strangers (getting into cars, answering doors, etc).

### ***Some things to think about***

**When a child enters school, the family must learn to work with a new set of professionals, learn a new language (for example, IPP or Individual Program Plan) and join a new team (the IEP or Individual Education Plan Team). This transition is as hard for families as going to school may be for children.**

Parents may become consumed with seeking help, talking to doctors and other professionals and doing lots of reading and research. This is definitely not how they thought they would spend their time while their child was young. Individuals working with children with disabilities must be very sensitive to the feelings of anger and frustration that parents may have while trying to help them develop healthy relationships with their children.

### ***The Role of the DSP***

**Some families of school-aged children have made the difficult decision to find a place away from the family to live.**

When working with children, the DSP needs to be familiar with what is happening at the child's school. Often a parent's major concern about their child during this stage is safety. The DSP must be able to show a parent that the child is safe while he or she is experiencing the activities of children for a particular age. This works best when parents are involved in planning and decision-making. Again, the relationship with parents is important for both the parents and the child. Make

## **Your Notes**

sure the parent feels welcome in the home. Make sure the parents know about important events. Invite them over for special celebrations at the home. And always be available to talk to the parents and share information about their child.

## Adolescence

### *What's typical*

**Early adolescence generally includes the beginning of puberty (physical and emotional development of males and females), which is usually about 2 years earlier in girls than in boys.** Grooming and personal hygiene become increasingly important. Adolescents become aware of their appearance, and are very sensitive to the opinions of others. Their weight may become a concern to them, and they may try various diets to try and change their appearance. Anorexia (an eating disorder) becomes a concern in some teenagers, especially girls, while others may not get enough exercise, and become obese.

Friends become more and more important and are called peers. Peer pressure can be quite strong. The type and volume of music a teenager listens to is influenced by his or her peers, as are dress, hairstyle, or things such as tatoos or body piercings. This is a time when a young person may be exposed to the use of alcohol, cigarettes, or illicit drugs. Social groups, sports, music, or other activities continue to take on increasing importance in the life of a teenager. All the time the academic pressures and expectations continue to grow, which will affect future education and career choice. Adolescents are moving more and more towards independence, which eventually includes things such as

## Your Notes

driving and dating. From the move into middle school, then on to high school, and eventually graduation, the adolescent years are marked with significant milestones, all in eventual preparation for the transition into adulthood. Many adolescents will obtain their first job and begin to manage money. Later adolescence is marked by the young adult separating from one's parents and moving out on his or her own.

The DSP should support the adolescent in the following routines and activities:

1. Get enough sleep.
2. Eat a well-balanced diet.
3. Obtain information and materials for good grooming.
4. Provide accurate information about tobacco and drugs.
5. Discourage drinking alcohol, especially while driving, swimming, or boating.
6. Learn how to swim.
7. NEVER swim alone.
8. Wear sunscreen of SPF 15 or higher outdoors.
9. Wear helmet when riding a bike, motorcycle, or ATV (all-terrain-vehicle).
10. Avoid loud music, which may damage hearing, especially in headsets.

## Your Notes



11. Have accurate information about relationships and sexual development.
12. Complete homework and participate in regular activities (social, recreational, sports, spiritual).
13. Maintain open line of communication between adolescents and adults.
14. Be alert for signs of depression.
15. Identify talents and interests.
16. Make plans for transition from high school.

***Some things to think about***

**The stage of adolescence is one of extreme change. For young people with disabilities, it is often a time for families to be thinking about and planning for the supports needed to be successful as an adult.**

As teens begin to do more things on their own, the life of the teenager with a disability can become quite restricted without creative planning. The typical “milestones” are delayed or may not happen at all and it becomes more obvious to parents that their son or daughter may require continued support for regular daily activities. Reaching and possibly missing typical milestones (first date, obtaining a driver’s license) may cause some parents to re-experience sadness, a sense of loss and even anger. Again, this is a time that parents may make the difficult decision that they can no longer meet their adolescent’s needs.

**Your Notes**

### *The Role of the DSP*

**DSPs who support adolescents must become knowledgeable about what typical teens are doing and figure out ways to support the young people they work with in as many of those things as possible.** This can be quite challenging, but it is very important to continue to encourage—and support—the teenager to be a participant in school and community activities. A DSP can find out about school clubs, meeting dates and times, and can help arrange for transportation. The DSP may also come up with good ideas about how to support a young person in other activities such as sports, music and art. A DSP should also be on the lookout for ways an adolescent can make a contribution to the community. Volunteering can have many positive effects that last years. Friendships and even job possibilities can come from volunteer experiences.

The DSP may observe changes in the teenager or adolescent that need the support of the person-centered planning team or a professional. It is important for the DSP to follow up with whatever support services may be needed to assist the teenager or adolescent through this state of development.

### **Your Notes**

## The Transition to Adulthood

## Your Notes

### *What's typical*

**The transition into adulthood is the time most people acquire the skills to begin a job of their own and eventually live independently.** It is crucial for young people to learn about the type of training or education needed to achieve their ultimate goal, and then to have opportunities to obtain it. This is a time when the choices of life-style, values, and friendships become increasingly important. Leaving home, entering or leaving school, finding a job, paying bills, buying a car, living with roommates or a significant other, and marriage all take place in the lives of many young adults. Some things to be aware of in the transition to adulthood include:

1. Does the young adult have the opportunity to make a career choice?
2. Does the young adult have realistic expectations?
3. Does the individual's health or abilities limit career choices? Are there accommodations that can be made?
4. Is the young adult pursuing the proper course to reach his or her goal?
5. Will friends be moving away, or will the young adult be moving to a place with no known support system?
6. Does the individual have many friends?

7. Does the individual have a girlfriend or boyfriend, and will that person be a part of life after high school?
8. If the individual is dependent on public transportation, is he or she able to use the system?
9. Does the individual have personal living skills, such as the ability to manage finances, buy and prepare food, communicate with others, and problem-solve?
10. What type of time management skills does the individual have?
11. Is the individual involved in leisure activities, and are there means for them to continue, or the possibility of new ones beginning?
12. Will the individual's social skills and grooming help or hinder future goals, including career and relationships?
13. Does the individual have good self-esteem?

## Your Notes

### ***Some things to think about***

**Moving through adolescence to adulthood is difficult. For individuals with disabilities, this transition can be even more challenging.** Many people may be involved in supporting the person to make those decisions that most of us make fairly independently: what to do after high school, what career to choose, where to live and with whom. By at least age 16, the IEP must have a statement of needed transition services that may be required after graduation. Often, people from many

different agencies may attend a transition planning meeting, including representatives from agencies that may serve the child as an adult. If the child is receiving support from a DSP, it is very helpful for that person to be invited, attend and go to the meeting as well.

***The Role of the DSP***

**The DSP supports the individual in transition planning.** The DSP can help the individual to explore the answers to questions about his or her future such as:

- What does the person want to do?
- What are his or her interests and abilities?
- What work, learning or training opportunities are available in the community?
- What are the family's hopes and desires for the individual?
- What services and supports are in place and what would be needed; for these plans to be successful?

**Careful planning is necessary for a successful transition.**

**Your Notes**

# Adulthood

## Your Notes

### ***What's typical***

These are the years where most of us spend the majority of our lives. It is the time when most adults will marry, decide on a career, start a family, manage a home, and assume civic responsibilities.

For most individuals, parenting takes on a major role in adulthood and with it a commitment to an occupation and the support of others. Where one lives, works, and how one spends leisure time is all a part of decisions most adults make for themselves.

During mid-life, some people will often question their lives and accomplishments, and change their view of themselves and their life. Many adults will revise their careers. Some will divorce and remarry, or remain single. Some will lose a husband or wife from death due to illness and injury.

In late adulthood, an individual makes plans for retirement, and again reevaluates goals. Financial security and interests outside of one's previous occupation lead to successful retirement. **Although there are circumstances that contribute to the decisions that are made, the adult has the power to make his or her own decisions about their life.**

Some things to think about when working with adults include:

1. What are major decisions the individual is required to make or is in the process of making at this time?

2. How will past decisions and experiences affect current choices?
3. What is the individual's ability to make an informed and wise choice?
4. Is the individual able to support him or herself and are others dependent on that person for their support?
5. How is the individual able to adjust or revise goals for the future?
6. Is the individual in an intimate relationship?
7. What life stresses is the individual experiencing at this time, if any?
8. Does the individual feel that he or she is a contributing member to society?
9. What is the individual's sense of identity and self-esteem? In other words, how does the person feel about him or herself?
10. How does the individual spend leisure time? Is that time spent with others or alone? If not, might the individual be experiencing feelings of isolation?
11. What type of losses, through divorce, death, etc. has the individual experienced?
12. Does the individual have a sense of spirituality? Does the individual have a preference for religious participation?

## Your Notes

### ***Some things to think about***

People with developmental disabilities often have not had the “power” to make their own life decisions. Many people with disabilities are dependent on their family for emotional support, and on government services for financial support. Having the opportunity to make decisions may be a constant struggle for an individual with a disability. **Adult years are a time when decisions are made that shape a person’s quality of life for years to come. The DSP can help by making sure that the individual has opportunities and information with which to make decisions about his or her life.**

### ***The Role of the DSP***

A DSP has a challenge and a great opportunity for supporting a person through his or her adult years.

**Remember, a quality life is the same for all of us and includes: having opportunities for choice; developing relationships; being a member of the community; having fun; advocating for ones rights; being treated with dignity and respect; being safe and healthy; and satisfied with one’s life in general.**

The DSP will be working with the individual and his or her team in developing ways to improve life quality by taking into consideration individual choice, interests, abilities and needs.

## **Your Notes**



## Aging

### ***What's typical***

**When working with older people, it is important for the DSP to be aware of changes that naturally occur with age.**

In persons with developmental disabilities, these changes may occur 20-30 years earlier than in the average population.

Such changes may affect a person's vision, hearing, taste, touch, smell, physical appearance, and musculoskeletal (muscle and bone) system. Changes for the DSP to look for are included on the following pages.

## Your Notes

### Some Things to Know About Vision

An older adult may openly share concerns about their vision. But if they do not, or the change has occurred so gradually that they have adapted and are not aware of them, some clues to look for include:

1. Wears spotted, soiled or mismatched clothing;
2. Uses non-visual methods such as searching with their hands for an object, or searching for the edge of a chair to walk around it;
3. Needs more lighting for activities;
4. Falls or bumps into furniture or doorways;
5. Not aware of a decline in cleanliness of living area;

Suggestions for ways to help older people with changes in their vision include:

1. Use bright contrasting colors around doors and steps.
2. Avoid highly polished surfaces. This will allow for good light, yet limit the glare.
3. Use bright light. This will help the person know the difference between detail and colors.
4. Limit the time of “close work” (for example, knitting, reading).
5. Provide support in a new environment until the person has become accustomed to it and can easily find his or her way around.
6. Provide support when walking if needed.
7. Use adaptive aids such as telephones with larger numerals, large print books, and magnifying glasses.
8. Provide adequate handrails in stairwells and other areas where the person may need support.

## Some Things to Know About Hearing

Cues to look for when an individual's hearing becomes impaired are:

1. The radio or TV volume is on very loud.
2. They ask you to repeat things.
3. You notice them watching your mouth very closely
4. If you turn your back to them, they do not hear or understand you.
5. They talk excessively loud, yet don't realize it.
6. They don't hear the door bell or a knocking at the door.
7. They don't hear the telephone ringing in another room.

Suggestions for ways to help older adults with hearing problems:

1. Increase loudness of your voice when talking, but don't shout.
2. Speak clearly and distinctly. As mentioned, the problem may not be volume, but the inability to distinguish between similar sounds. Speak at your normal rate, but not too rapidly.
3. Speak to the person at a distance of 3 to 6 feet.
4. Face the person you are speaking to. Establish eye contact. Be sure they are looking at you.
5. Position yourself near good light so that your lip movements, facial expressions, and gestures may be seen clearly.
6. If the listener does not understand what was said, rephrase the idea in short, simple sentences.
7. Limit background noise and distraction.
8. Use alternative communication systems, such as lipreading, pictures, gestures.

## **Some Things to Know About Taste**

A cue to look for when an individual ages is:

Increased use of spices, especially sugar and salt.

Suggestions for assisting older adults when their sense of taste decreases:

1. Pay special attention to the person's medical condition, and any special diet he or she may be following. Additional sugar and salt may have a negative effect on a person's disease, such as diabetes or high blood pressure.
2. Check with the individual's physician if you have questions or concerns in an increased use of spices.
3. Offer different foods that may have natural flavoring.

## **Some Things to Know About Touch**

Cues to look for when an individual ages:

1. He or she does not react in their usual way to changes in temperature.
2. He or she does not react in their usual way to pain.

Suggestions for assisting adults whose sense of touch has decreased:

1. Watch the person closely as they may not react to water temperatures that may cause burns.
2. The individual may stay longer in the sun than usual and cause a sunburn
3. Their body may become too cold (hypothermia) or too warm (hyperthermia). In certain climates they may develop conditions such as frost bite or heat stroke, without being aware of it.

## Some Things to Know About Smell

Cues to look for when an individual ages:

1. They may eat spoiled food
2. He or she may not react to bad smells, such as leaking gas from a heater or stove in their home.
3. The individual may not smell smoke from a fire and need assistance in leaving the scene of the fire.

Suggestions for assisting aging adults:

1. Watch carefully what the person eats.
2. Be aware if they are exposed to chemicals such as ammonia, bleach, smoke or gas, which may cause harm. Remove them from such situations.

## Some Things to Know About Musculoskeletal (muscle-bone)

Cues to look for when an individual ages:

1. Discomfort, lack of mobility, decreased activity.
2. May experience fear of falling and difficulty with steps. (These fears may lead to depression because the person sees himself or herself in failing health and unable to function on his or her own).

Suggestions for assisting aging adults:

1. Obtain physician recommendation before applying heat or cold to affected joints.
2. Assist the individual in maintaining appropriate weight.
3. Continue with and encourage a well planned exercise program using low stress impact, such as walking or swimming. The advise of a physician or a physical therapist is always recommended when there is a change in activity level.
4. Use adaptive aids (velcro on clothing, walkers, canes, and other aids to allow the person to function by himself or herself). The individual's physician should be involved in making decisions about appropriate adaptive aids for ambulation or other physical concerns.

## Some Things to Know About Digestion

Cues to look for when an individual ages:

1. Lack of healthy teeth or poor fitting dentures, making it especially difficult to eat fresh fruits and vegetables, and other highly textured foods, such as steak.
2. Difficulty swallowing.
3. Indigestion, with heart burn and pain in stomach.
4. Constipation.
5. Hemorrhoids, causing pain and rectal bleeding.

Suggestions for assisting aging adults:

1. Provide soft, easy to chew foods.
2. Be certain the person has good dental hygiene.
3. Serve small frequent attractive meals.
4. Serve the main or largest meal early in the day.
5. Provide a relaxed atmosphere.
6. Increase liquids, fruits, vegetables, and grains.
7. Increase exercise.
8. Avoid foods with seeds (such as tomatoes).
9. Avoid regular use of enemas or laxatives.
10. Consider texture, how chewy a food is, and consistency, how “runny” a food is. Highly textured foods are more difficult to chew. Foods with thick consistencies, such as mashed potatoes and peanut butter, may be difficult to manipulate in the mouth, and foods with very thin consistencies, which are “watery”, may be more difficult to swallow.
11. Always consult a physician if there is pain on eating. This could be the sign of an ulcer.
12. Always notify a doctor of any rectal bleeding.

## Some Things to Know About Sleep

Many older people find they need less sleep. But, if they don't get enough sleep, they may experience fatigue, irritability, and decreased concentration. The older adult may:

1. Wake up more often at night.
2. Find it harder to get to sleep.
3. Wake up earlier.

Suggestions to assist the older adult might be to:

1. Encourage the person to limit naps.
2. Promote regular habits. People should get up and go to bed at a similar time each day.
3. Increase exercise, but not too vigorous or too close to bedtime.
4. Use white noise (constant background noise, such as a fan), to mask distractions in the environment, which could cause a person to wake up or not be able to go to sleep.
5. Check room temperature. Be sure it is comfortable for the individual.
6. Provide a light snack before bedtime. Foods such as warm milk have a natural chemical which can help a person to fall asleep.
7. Decrease caffeine and alcohol.

## Some Things to Know About Memory

It is clear that some people continue to learn and to obtain new skills throughout their lives. For many people, long-term memory is not affected by aging. For some older adults, short-term memory, recalling experiences in the recent past, is difficult. Some older adults are unable to remember activities that happened earlier in the day or what they had for breakfast, even though breakfast was an hour ago.

Cues that older adults are experiencing memory loss:

1. Increased forgetfulness, especially of recent events or familiar places.
2. Personality changes, such as distrust, increased stubbornness, and restlessness.
3. Social withdrawal.

Suggestions to assist the older adult who is experiencing signs of memory loss:

1. Make learning new tasks easier. Break down tasks into simple steps.
2. Allow the older person plenty of time to process and answer questions.
3. Eliminate distractions.
4. Teach how to organize daily routines, desk, drawers, bedrooms.
5. Use memory aids, such as lists, calendars, picture books.
6. Separate out complaints from real concerns. Some forgetfulness is normal for all of us.
7. Provide peer support. Try to make life meaningful. Promote social interactions.
8. Provide stimulating environments and challenges to keep physically and mentally sharp.



***Some things to think about***

Some people with disabilities, although certainly not all, may age prematurely and should be supported in retiring at an earlier age than usual. The challenges of aging and retiring are common to us all, having enough money to pay for basic necessities, having a comfortable place to live, staying as physically fit and active as possible, continuing to have meaningful leisure activities and opportunities to have friends and be connected to the community.

***The Role of the DSP***

**As people age, the DSP will need to be aware of their changing physical and emotional health.** It may be the DSP who notices that a person is “slowing down” or doesn’t seem to go to work with the same enthusiasm. It may be the DSP who realizes a person’s hearing or eyesight is getting worse. **The DSP must be prepared to bring these issues up with the person and the team and to help plan for and to support people through retirement and older age.**

**Reminder:** It continues to be very important that the DSP assist the individual in continuing with routine and emergency medical and dental services throughout his or her life. The primary physician and dentist can be very helpful in working with the individual and his or her person-centered planning team to meet the changing needs of the aging adult.

**Your Notes**

### Grief and Loss

### Your Notes

**The grief process is a natural and normal reaction to loss that may occur at any time in a person's life.** We all experience grief when there is some loss, be that the loss of a parent, a relative, a husband, a pet, the loss of a husband or wife through divorce, the loss of friends, or familiar routines.

**Parents of a child with a developmental disability experience grief at the birth of their child, and may experience ongoing grief throughout their lives.**

They experience a loss of their former hopes and dreams for their child. Now they must learn to cope and go on with their lives, and form new dreams. The grief process, which is divided into several states, enables a person to separate from the lost dream and move on with their life.

The word "states" is used to describe the grief process. **There is no set pattern or step-by-step process that one must go through in any certain order. The states of the grief process are: denial, anxiety, fear, guilt, depression, and anger.** Each of these "states" serves a purpose and in some way helps the person in the grieving process.

**Denial is always the first stage of grief, but it may reappear again and again.**

In the birth of a child with a developmental disability, parents experience four levels of denial. The first is:

Denial of fact. "My child is fine, it's your imagination."

Denial of conclusions reached by medical personnel.

Denial of impact. "Our lives won't change. No one expected such a total change."

Denial of feelings. "I don't have to feel pain."

**Denial gives a person the time they need to adjust to the loss, whatever that loss may be.**

**The second state of the grief process is usually anxiety, but it could any of the other states of grief (fear guilt, depression or anger).** Anxiety is what gives the person the energy to make needed changes. It is what allows a person to let go of denial and focus on what is known as the four feeling states of the grief process: fear, guilt, depression, and anger.

**Fear is a warning of the changes that are required.** Often this is shown by a parent being "overprotective" or by fearing to have another child. Sometimes there is even fear to attach to the child with the disability.

**Guilt helps to explain the "why" of the situation.** A parent may believe that "good things happen to good people" and therefore, the opposite must also be true. Or one may believe they are being punished for previous sins, or that they have done something in the pregnancy, or even regretted the pregnancy, thus causing the child to be disabled.

**Depression occurs because one feels hopeless and helpless.** A parent may feel inadequate, incompetent, and worthless. Depression can help parents to see what it takes to be competent, capable, and strong.

## Your Notes

## Grief Reactions to Loss

Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the “wrong way” and wonder if there is a “right” way to grieve. There is no “right” way to grieve. Many different expressions of grief are considered normal. People with disabilities grieve in the same way anyone else does. However, if the person can’t talk, it may take a support person to realize what is happening is due to grief. If you are concerned or worried about a person’s reaction to a loss, you may want to seek out counseling for that person, or try to talk and be the person’s support.

Reactions and feelings that many people have felt after a loss include the following:

- Body complaints such as sighing, having trouble breathing, feeling the chest is heavy, tightness in the throat, and being very tired.
- Changes in sleeping patterns . . . being unable to sleep, sleeping too much, waking up early and being unable to go back to sleep. Dreams about the person who was lost or died.
- Changing in eating patterns . . . not eating, or a desire to eat all the time, yet feeling empty.
- Taking on some of the characteristics of the person who was lost.
- Feeling separate and cut off from the world.
- Feeling, and acting, irritable without knowing why.
- Being unable to remember things.
- Being unable to stay motivated to do things that need to be done.
- Being fearful of being alone, afraid to leave the house, afraid to stay in the house or in bed.
- Wanting to talk about the person over and over again.
- Feeling angry at the person for leaving.
- Getting angry suddenly and acting in unusual ways.
- Getting sick more often.
- Using alcohol or drugs to help cope with the loss.

Adapted from Helping Adults with Mental Retardation Grieve a Death Loss by Charlene Luchterhand, MSSW and Nancy Murphy, M.Ed.

**Anger occurs because a person feels the need for fairness and justice.** There is nothing fair about the disability faced by an innocent child. The change experienced by parents because of the birth of a child with a disability can also be a cause for anger. It has disrupted their life, and drained their time, and money.

Because feelings of anger may be so unacceptable to some people, it may cause them to go back into the state of denial. It's also important to point out, that people may be experiencing more than one state of the grief process at the same time.

**Different people go through the grieving process in different ways.**

Often a mother and father may not be at the same place in the grief process at the same time. One may still be in denial, while the other is deeply depressed or feeling angry.

**DSPs can help parents by making sure that they encourage and support parent's involvement in their child's life, and by being available to talk with parents about their hopes and fears for their child.**

**Individuals with developmental disabilities also experience grief and loss.** This can occur when a person moves from their family home to a residential facility, or when a family member or friend dies, when a favored roommate or a DSP leaves the facility, or even when a pet dies. In these situations, the DSP can help by recognizing that the individual is experiencing grief, and by helping the person work through the grieving process. The "states" of grieving apply: denial of the loss, anxiety, fear, guilt, depression and anger.

## Your Notes

## Resource Guide

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The DSP can help an individual with disabilities in the grief process in much the same way they can help a parent, by being available, listening, and understanding. The DSP might do some special things, like listening to music together, looking at pictures or going for walks.

## Your Notes

## Information Brief

# A Life Book

Think about the kinds of pictures and momentos that you keep in a box or a photo album. Do you have pictures of your parents and relatives? Your own baby pictures? Pictures of significant events in your childhood? Graduation pictures? Wedding pictures? Pictures of your children? Birthdays? These pictures or momentos mark the many milestones in your lives so that you can remember. These memories are important to our quality of life.

**As a DSP, you can help a person by gathering and taking pictures and other momentos to assist each individual to develop a Life Book. Life Books are, very simply, a scrap book that a person might put together that can help the person stay connected with family... and help the person stay in touch with important memories.** Talk to the child or adult and think about things that are important, depending upon the age and interests of the child or adult. A Life Book gives a person the opportunity to relive their memories many times and to share them with others in a meaningful way.

If an individual does not have photos or momentos, the DSP might help them create a scrapbook by clipping pictures from books or magazines that are similar to activities and places that the individual lived, worked, and played.

## Your Notes

## Information Brief

# Physical Fitness Through All Life Stages

## Your Notes

### *What's typical*

**Fitness activities are important for all people throughout all life stages.**

Physical fitness includes four parts: muscle strength and endurance; flexibility; body fat; and the ability of the heart and lungs to work to carry oxygen. Some people think that fitness activities are formal exercises. There are many ways (both formal and informal) to be sure a person gets enough exercise.

Some activities can take place right in the house, like bending over and touching the floor. For example, many household chores can help a person stay fit, including carrying things up stairs, sweeping, and washing windows. Anything that gets the heart rate up and lasts for 15-20 minutes. There are also outdoor activities that promote fitness, like raking leaves or working in the garden.

Physical fitness is a challenge for children and adolescents. Before so much television and computer games, children played outdoors several hours every day. An overweight child or teenager was much less common fifty years ago than now. It is important that children and teenagers get enough exercise to be fit.



***Some things to think about***

**Muscle strength and endurance are needed to complete activities of daily living**, such as getting in and out of a bathtub or rising out of a chair. This is probably the most important component of fitness for people as they age. However, how the heart and lungs work is also very important. The number one cause of death in the United States is from heart disease. The risk of heart disease decreases when the heart and lungs are fit. Flexibility often declines as people age. When muscles aren't moved often, they can shorten and become painful. Riding a bike or just walking helps with flexibility. High body fat can contribute to lots of problems, including arthritis, heart disease, stroke and high blood pressure.

Research has shown that younger adults with mental retardation and other disabilities often have very poor fitness levels. This is likely to become even more of a problem for the older person with a disability. **When a person wants to start to pay attention to their fitness in the form of an exercise program they should always first get the approval from a physician and follow recommendations for increasing physical activity throughout the day.**

***The Role of the DSP***

**To promote fitness, DSPs can support individuals by finding ways to include physical activities in daily routines.** For example:

- Working out with homemade weights like milk jugs filled with water
- Do stretching exercises during commercials

**Your Notes**

- While lying in bed, lift and lower each leg several times
- Always use the stairs instead of the elevator

**If a person wants to start a formal fitness program, make sure it matches the individual's wants and needs.** For seniors, there are often good programs that start gently at the Senior Citizens Center. For children and teenagers, an exercise program could include membership on a soccer team or swim club.

**General guidelines are to get some exercise at least three times a week to improve fitness.** Usually, it's recommended to stay active for at least 30 minutes, unless the person is just starting and doesn't have the stamina for that long a time. In that case, just start slowly and build gradually.

Some people want to join a gym to improve their fitness. Being a member can be an excellent way for a person with a disability to participate in the community and get to meet other people who are interested in fitness.

## Your Notes

## Look for the Right Fitness Center

- Is the center familiar with how to accommodate people with disabilities?
- Is there a staff person who knows how to teach and support people with disabilities?
- Does it have accessible equipment?
- Does it offer individualized training sessions at low or no cost?
- Would it be willing to send an instructor to a course on learning more about fitness and disability?
- Do instructors have a positive attitude toward including people with disabilities?
- Do instructors evaluate newcomers to find out each person's strengths and needs?
- Do instructors change the program every once in a while to prevent boredom?

**Staying physically and emotionally fit can take place anywhere.** The list on the following pages provide you with over 200 opportunities.

## Your Notes

## Two Hundred and Sixty Six Everyday Places for Children and Adults

- **Aerobic class**
- **Airport**
- **American legion hall**
- ***Amusement park***
- **Animal shelter**
- **Antique store**
- **Apple orchard**
- **Appliance store**
- **Art class**
- **Art gallery**
- **Art show**
- **Arts & crafts store**
- **Auto body shop**
- **Automotive center**
- **Bakery**
- **Bait and tackle**
- **Ball park**
- **Bank building**
- **Barber shop**
- **Baseball diamond**
- **Basketball court**
- **Basketball game**
- **Beach**
- **Beauty shop**
- **Bicycle trail**
- **Boat dock**
- **Book store**
- **Boxing arena**
- **Bowling lanes**
- **Bus station**
- **Cabinet shop**
- **Camp site**
- **Campaign office**
- ***Candy store***
- **Carpenter's shop**
- **Carpet shop**
- **Canoe trip**
- **Car club**
- **Car dealership**
- **Car show**
- **Cathedrals**
- **Caverns**
- **Church**
- **Circus**
- **City hall**
- **City commission offices**
- **Civic center**
- **Classes held anywhere**
- **Coffee shop**
- **Coin shop**
- **College campus**
- **College events**
- **Community center**
- **Computer store**
- **Concert**
- **Conferences**
- **Consignment shop**
- **Construction sites**
- **Cooking classes**
- **Copy shop**
- **Costume shop**
- **Country store**
- **Counseling group**
- **Country meetings**
- **Court house**
- **Crochet class**
- **Dance class**
- **Dentist's office**
- **Departments store**
- **Diet class**
- ***Discount store***
- **Doctor's office**
- **Dog show**
- **Dog training class**
- **Donut shop**
- **Dress shop**
- **Cathedrals**
- **Dry cleaners**
- **Elk's club**
- **Electric company**
- **Electronics shop**
- **Fabric shop**
- **Fair**
- **Farm**
- **Fashion mart or show**
- **Feed store**
- **Fire station**
- **Fishing camp**
- **Fitness trail**
- **Flower shop**
- **Food cooperative**
- **Food court**
- **Football game**
- **Football stadium**
- **Forest**
- **Friend's house**
- **Frisbee group**
- **Furniture refinishing shop**
- **Furniture store**
- **Game arcade**
- **Garage sales**
- **Garden**
- **Garden club**
- **Gas station**
- **Gift shop**
- **Glamour classes**
- **Golf course**
- **Goodwill store**
- **Government offices**
- **Grape vineyard**
- **Grocery store**

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- Groups to help others
  - Gym
  - Habitat for Humanity
  - Hardware store
  - Health club
  - Health food store
  - High school campus
  - High school plays
  - Hiking trails
  - Historic homes
  - Horse ranch
  - Hospital
  - Hotel building
  - Ice cream parlor
  - Jazzercise class
  - Jazz club
  - Jogging track
  - Junior League
  - Junk yard
  - Karate class
  - Key & Lock shop
  - Laundromat
  - Lawyer's office
  - League of voters
  - Legislature
  - Library
  - Light house
  - Live stage shows
  - Luggage shop
  - Lumber yard
  - Magic shop
  - Mall
  - Manufacturing plant
  - Meditation group
  - Metal shop
  - Miniature golf
  - Mini mart
  - Mobile home park
  - Model airplane club
  - Model car club
  - Modeling school
  - Model home
  - Mom's or dad's
  - Music hall
  - Mosque
  - Movie theater
  - Nature store
  - Neighborhood park
  - Newspaper building
  - News stand
  - Nursery for children
  - Nursery for plants
  - Office buildings
  - Office supply store
  - Orange grove
  - Outdoor concerts
  - Paper mill
  - Paper making company
  - Parks
  - Pep rallies
  - Pharmacy
  - Photography class
  - Photography studio
  - Piano store
  - Pizza parlor
  - Playground
  - Politician's office
  - Police station
  - Political meetings
  - Political rallies
  - Pond
  - Pool hall
  - Post office
  - Pottery maker's shop
  - Print shop
  - Race track
  - Radio & TV store
  - Radio station
  - Record store
  - Recording studio
  - Recreational park
  - Recycle center
  - Red Cross
  - Relatives'
  - Restaurants
  - River
  - Roller blade trail
  - Roller skating rink
  - Rummage sale
  - Sailing area or club
  - Salvation Army store
  - School events
  - School yard
  - Seed store
  - Self-help groups
  - Senior center
  - Service groups
  - Sewing club
  - Shelter for homeless
  - Ship yard
  - Shoe repair shop
  - Shoe store
  - Sierra Club
  - Sign shop
  - Sink holes
  - Sister's home
  - Springs
  - Sports store
  - State park
  - Story time at bookstore
  - Strawberry fields
  - Swim meets
  - Swimming pool
  - Synagogue
  - Tai-chai group

- Abstract**

## Information Brief

# Dignity of Risk

**The idea of risk is something to think about as individuals become more active in the community. A DSP must always think about the safety of the people he or she supports.** However, that does not mean that all risks can be eliminated. Everyone faces risk every day. Will the cars stop at the intersection as you cross? Is the potato salad okay to eat at the picnic? Can you pet the dog that comes running up to you?

In each situation we think about the clues that tell us if the risk is too much. Is the car going faster? Then maybe we should wait on the curb a moment longer. Has the salad been sitting in the sun for a few hours? Better not take any. Is the dog wagging his tail? I'll go slowly.

Another way to reduce risk is to think about the activity and break it into small steps. **Discuss the potential risk with the individual, get the help of the individual's planning team, and develop a plan that will ensure maximum protection and safety for the individual. Breaking the activity down into small steps, and planning carefully for each step is a key.**

**People with disabilities must be allowed to take reasonable risks . . . and to make mistakes ...and try again.**

**The DSP should look at the likelihood there could be a problem, then figure out how best to prepare an individual so that he or she can be more independent in as safe a way as possible. This is called risk prevention.**

## Your Notes

## The Dignity of Risk

What if you never got to make a mistake?

What if your money was always kept in an envelope where you couldn't get it?

What if you were always treated like a child?

What if your only chance to be with people different from you was with your family?

What if the job you did was not useful or productive?

What if you never got to make a decision?

What if you couldn't go outside because the last time you did, it rained?

What if you took the wrong bus once and now you can't take another one?

What if you got into trouble and were sent away and you couldn't come back because they always remember you were trouble?

What if you worked and got paid only \$0.46 an hour?

What if you had to wear your winter coat when it rained because it was all you had?

What if you had no privacy?

What if you could do part of the grocery shopping but weren't allowed to do any of it because you weren't able to do all of the shopping?

What if you spent three hours a day.... just waiting?

What if you grew old and never knew adulthood?

## WHAT IF YOU NEVER GOT A CHANCE?

Reprinted from *Links*, July, 1992



## Resource Guide

Adapted from *Don't Forget the Fun: Developing Inclusive Recreation*

Children's Hospital

Boston, MA

**Please note:** The following list contains suggestions for resources that can assist in increasing people's participation in the community, particularly through recreation. Many of the resources are generic; others are more focused on specific ways to support children and adults with disabilities in inclusive activities.

### **ACCOMMODATION/TECHNOLOGY**

#### **ABLEDATA**

8455 Colesville Road, Suite 935

Silver Spring, MD 20910-3319

800/227-0216

#### **ALLIANCE FOR TECHNOLOGY ACCESS**

1307 Solano Ave.

Albany, CA 94706-1888

510/ 528-0746

*An assistive technology and adapted communications database which can provide manufacturer equipment, and product resources for a variety of environments.*

#### **ASTRA** (Adapted Sport Technology Research Association)

Chris Hood, c/o Variety Village

3701 Danforth Ave.

Scarborough, Ontario, Canada

M1N 2G2

416/699-7167

#### **RESNA Technical Assistance Project**

1700 N. Moore Street, Suite 1540

Arlington, VA 22209

703/ 524-6686

RESNA functions as a clearinghouse for information on assistive technology and rehabilitation engineering. Each state has an organization that is funded under the Technical Assistance Act to provide information and referral on assistive technology and RESNA can provide you with the name and number of that organization.

### **PROGRAMS/ ACTIVITIES/ PLAY:** **CREATIVE ARTS**

#### **ALITO ALLESSI**

P.O.Box 3686  
Eugene, OR 97403  
503/342-3273

#### **KAREN NELSON**

PO Box 13035  
Burton, WA 98013  
206/463-6293

*Alito and Karen travel, teach and consult around the country on inclusive movement and dance for individuals with and without physical disabilities. They can also provide information and referral on dance performance opportunities in local communities.*

#### **ASSOCIATION FOR THEATER AND DISABILITY**

Access Theater  
527 Garden Street  
Santa Barbara, CA 93101  
805/564-2063 (V) or 805/ 564-2424 (TTY)  
*Theater arts for individuals of all ages and abilities.*

#### **KALEIDOSCOPE THEATER**

David Payton, Artistic Director  
160 Sumter Street  
Providence, RI 02907  
401/941-1977

*This theater and performing arts center includes individuals with and without cognitive disabilities and can provide technical assistance to other programs and individuals interested in pursuing these activities.*

#### **VERY SPECIAL ARTS**

1300 Connecticut Ave. NW  
Washington, DC 20036  
202/ 628-2800 (V) or 202/ 737-0645 (TTY)

*Provides a variety of opportunities in the field of creative arts for children and adults. Very Special Arts works with both novices and professionals.*

#### **WINGS TO FLY: BRINGING THEATER ARTS TO STUDENTS WITH SPECIAL NEEDS**

By Sally Dorothy Baker, 1993  
Woodbine House  
6510 Bells Mill Road  
Bethesda, MD 20817  
617.893-7990 or 800/886-3050

**ANIMALS/ ENVIRONMENT/OUTDOOR**

**THE ABLE GARDENER: OVERCOMING BARRIERS  
OF AGE AND PHYSICAL LIMITATIONS**

Kathleen Yeomans, RN, Storey Communications  
105 School House Road  
Pownal, VT 05261  
802/823-5810

**ASSISTIVE TECHNOLOGY SOLUTIONS FOR GARDENERS**

Marketplace, July 1993  
Seaside Education Associates  
PO Box 341  
Lincoln Center, MA 01773  
617/8939-7990 or 800/886-3050

**BACKYARDS AND BUTTERFLIES: WAYS TO INCLUDE  
CHILDREN WITH DISABILITIES IN OUTDOOR ACTIVITIES**

New York State Rural Health and Safety Council  
324 Riley-Robb Hall  
Cornell University  
Ithaca, NY 14853-5701  
607/255-0150

**DISABLED OUTDOORS MAGAZINE**

(FOR THE DISABLED SPORTSMAN)

HC 80, Box 395  
Grand Marais, MN 55604  
218/387-9100

*For people with disabilities who enjoy outdoor recreation, including fishing, hunting, boating, camping, photography, mountain climbing and more.*

**FISHING HAS NO BOUNDARIES**

PO Box 175  
Hayward, WI 54843  
715/634-3185

*Information about fishing for individuals of all ages and abilities.*

**4-H PROGRAMS- PERFECT FIT**

Purdue University, Cooperative Extension Service  
1161 Agricultural Administration Building  
W. Lafayette, IN 47907-1161  
317/494-8423

*Information and technical assistance to interested parties and 4-H programs on inclusion of individuals with a variety of abilities into 4-H activities.*

## **Resource Guide**

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### **NATIONAL PARKS SERVICE, OFFICE ON ACCESSIBILITY**

U.S. Department of the Interior

PO Box 37127

Washington, DC 20013-7127

202/343-3674 (V) or 202/343-3679 (TTY)

*Oversees access issues for individuals with disabilities in the 370 national parks across the country as well as provides technical assistance and training to parks on inclusion issues. Parks facilities are changing constantly and this office can only provide general information. For more detailed information, contact the park of interest directly. This office can provide you with a listing of parks and phone numbers.*

### **NATIONAL THERAPEUTIC RE CREATION SOCIETY**

A branch of the National Recreation and Parks Association

2775 Quincy Street, Suite 300

Arlington, VA 22206-2204

703/578-5548

*Works with national, state and local park agencies to ensure that all people have an opportunity to find the most satisfying use of their leisure time. They can help to identify individuals and resources in your local area.*

### **WILDERNESS INQUIRY**

131 5<sup>th</sup> Street SE

Minneapolis, MN 55414-1546

612/379-3858 800/728-0719

*Inclusive outdoor trips and activities*

## **GENERAL ACTIVITIES**

### **BOYS AND GIRLS CLUBS OF AMERICA**

PO Box 105771

Atlanta, GA 30348-5771

414/815-5700

### **BOY SCOUTS OF AMERICA**

1325 West Walnut Hill Lane

Irving, TX 75038

214/580-2000

### **COMMUNITY RECREATION AND PERSONS WITH DISABILITIES (1988)**

Stuart J. Schleien and M. Tipton Ray

Paul H. Brookes Publishing

PO Box 10624

Baltimore, MD 21285-0624

800/ 638-3775

**CONNECTIONS NEWSLETTER**

National Center for Youth with Disabilities

University of Minnesota

420 Delaware St. SE, Box 721

Minneapolis, MN 55455

612/626-2931 (V) or 612/636-3939 (TTY)

*Free newsletter which provides a wide variety of information and resources on disability related issues for children including recreation.*

**EXCEPTIONAL PARENT MAGAZINE**

(for parents and professionals)

PO Box 3000, Dept. EP

Denville, NJ 07834-9919

800/ 247-8080

**GIRL SCOUTS OF THE USA**

420 5<sup>TH</sup> Avenue

New York, NY 10018

212/ 852-8000

**INDEPENDENT LIVING RESEARCH UTILIZATION PROGRAM (ILRU) AT THE INSTITUTE FOR REHABILITATION AND RESEARCH (TIRR)**

2323 S. Shepherd, Suite 1000

Houston, TX 77019

713/520-0232 (V) or 713/520-5136 (TTY)

*Each state has an information and service center for individuals and their families. Contact ILU to find the center nearest you.*

**MAKING SCHOOL AND COMMUNITY RECREATION FUN FOR EVERYONE: PLACES AND WAYS TO INTEGRATE (1994)**

M. Sherril Moon (ed)

Paul H. Brookes Publishing

PO Box 10624

Baltimore, MD 21285-0624

800/ 638-3775

**NATIONAL EASTER SEAL SOCIETY**

230 W. Monroe

Chicago, IL 60606

312/726-6200 (V) or 312/726-4258 (TTY)

*Programs include camping, recreation, early intervention and therapies for children, teens and their families.*

## **Resource Guide**

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### **NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES (NICHCY)**

PO Box 1492  
Washington, DC 20013  
800/695-0285 (V/TTY)  
703/893-6061

### **NATIONAL SPORTS CENTER FOR THE DISABLED**

PO Box 36  
Winter Park, CO 80482  
970/726-5514

### **YMCA OF THE USA**

5433 David Drive  
Kenner, LA 70065  
800/833-4952

## **PHYSICAL EDUCATION**

### **NATIONAL ASSOCIATION FOR SPORT AND PHYSICAL EDUCATION, AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE (AAHPERD)**

1900 Association Drive  
Reston VA 22091  
703/476-3461

*Provides information to physical educators and others who are interested in developing quality Physical Education and recreation programming. Every state has an Alliance with an Adapted Physical Education Branch. Call the number above to identify the Alliance in your local area.*

### **A TEACHER'S GUIDE TO INCLUDING STUDENTS WITH DISABILITIES IN REGULAR PHYSICAL EDUCATION (1984)**

Martin E. Block  
Paul H. Brookes Publishing Co.  
PO Box 10624  
Baltimore, MD  
212/85-0624

## **TOYS AND GAMES**

### **THE BEST TOYS, BOOKS & VIDEOS FOR KIDS**

Joanne and Stephanie Oppenheim

Harper Collins, Publisher

*More than 100 suggestions on how to easily adapt ordinary toys for kids with special needs.*

### **DISCOVERY TOYS**

1649 N. Mozart

Chicago, IL 60647

312/489-0141

### **FLAGHOUSE, INC.**

Special Populations

150 North MacQuesten Parkway, Dept. 96743

Mt. Vernon, NY 10550

800/793-7900

*Equipment, furniture, toys, games, and teaching products to be used in therapeutic and inclusive settings.*

### **GAME TIME, INC.**

101 Kingsberry Road

PO Box 121

Ft. Payne, AL 35967

800/235-2440 or 205/845-5610

### **GUIDE TO TOYS FOR CHILDREN**

#### **WHO ARE BLIND OR VISUALLY IMPAIRED**

A joint initiative of Toy Manufacturers of America and the American Foundation for the Blind

800/851-9955

*Toys selected for their interest to children who are blind or visually impaired. This is a free guide and not a catalog; you cannot place orders from this guide.*

### **THE NEW GAMES BOOK, and**

#### **MORE NEW GAMES**

Andrew Fluegelman and the New Games Foundation

Dolphin Books/ Doubleday and Co. New York

*These books describe numerous games and activities that stress cooperative play. Many of the games use simple or no equipment and can be played in a variety of environments.*

### **RECREATION EQUIPMENT, UNLIMITED INC.**

Box 4700

Pittsburgh, PA 15206

412/362-3000

## Resource Guide

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### **SPORTIME**

1 Sport Time Way  
Atlanta, GA 30340  
800/444-5700

### **TECH TOT LIBRARIES**

Carolyn McMeekin, Program Services Dept.  
United Cerebral Palsy Association  
1660 L Street NW, Suite 700  
Washington, DC 20036-5602  
800/USA-5UCP (872-5827) (v) or 202/776-0406 (TTY)

*Parent-run libraries for families who want to borrow equipment for their children with disabilities. The toys, computers, switches and other materials are for children and families to use at home. The libraries are usually staffed by parents who use the technology with their own children. For the library in your area or if you are interested in starting one, contact Carolyn McMeekin.*

### **TOY GUIDE FOR DIFFERENTLY-ABLED KIDS**

National Parent Network on Disabilities  
1600 Prince Street, #115  
Alexandria, VA 22314  
703/684-6763 (V/TTY)

*Toys shown are available in most commercial toy stores and can be enjoyed by kids with and without disabilities. Each toy is rated in as clear and understandable way for developmental benefits, educational value and play value.*

### **USA TOY LIBRARY ASSOCIATION**

2530 Crawford Avenue, Suite 11  
Evanston, IL 60201  
708/864-3330

*For assistance in identifying appropriate games and toys for individuals.*